

Dr. Farrand Appointed Head of Red Cross

Dr. Livingston Farrand, President of the University of Colorado, has been appointed by President Wilson as Chairman of the Central Committee of the American Red Cross, to succeed William H. Taft.

As Chairman of the Central Committee, Dr. Farrand will become the executive head of the National Red Cross organization on the retirement of the War Council, which will take place March 1.

In changing the Red Cross from a war to a peace basis far greater tasks will be involved than those undertaken during the ante-war period, tasks that will require the full time of those interested with the executive duties.

Since the entrance of the United States into the war, Dr. Farrand has been the director of the tuberculosis work of the International Health Board in France, and has been in close contact with Red Cross activities. His broad knowledge of European conditions, his high executive qualifications and the vital force of his very unusual personality will all be vital factors in increasing the usefulness and broadening the scope of Red Cross work.

Dr. Farrand's work in this and foreign countries has shown administrative ability of the highest order and in dealing with complicated political, social and professional situations overseas he has displayed in a marked manner exceptional qualities of diplomacy, tact and co-operation.

That the program of the American Red Cross under peace conditions will be virile, statesmanlike and broad is unquestioned.

California Poor Relief System

The State Board of Charities and Corrections has issued a booklet descriptive of county outdoor relief in California in 1918. It contains so much of interest and so much that physicians ought to know and do not know, that it is here reviewed at some length. The function of caring for public dependents in California is divided between state and county governments. This division may be shown thus:

I. The State Government.

- (A) Assumes the care of the dependent,
 - (1) Insane (almost exclusively).
 - (2) Blind (almost exclusively).
 - (3) Feeble-minded (almost exclusively).
- (B) Co-operates with the county governments in care of,
 - (1) Orphans, half orphans, abandoned children (who meet certain eligibility requirements and who can show "evidence of need").
 - (2) Tuberculosics (who are cared for in county hospitals maintained at standard acceptable to State Board of Health).

II. The County Government.

- (A) Assumes the care of the dependent,
 - (1) Adults—
 - (a) The aged, the sick, the unemployed or the otherwise incapacitated adult individual.
 - (b) The nonself-supporting family.
 - (2) Children—Those not eligible for state aid.
- (B) Co-operates with the state government in the care of,
 - (1) Orphans, half orphans, abandoned children.
 - (2) Tuberculosics.
 - (County provides care for this class in county hospital. State pays county \$3

per week, per patient, where hospital meets certain standards.)

Methods of Relief.

The public relief system consists of two branches: (1) institutional relief; and (2) outdoor relief. The relief administered by state and county governments differentiated as between institutional and outdoor may be shown thus:

I. Institutional Relief.

- (A) The state government,
 - (1) Maintains,
 - (a) Hospitals for the insane (six institutions).
 - (b) Home for the adult blind (one institution).
 - (c) Homes for the feeble-minded (two institutions).
 - (2) Assists (by subsidies),
 - (a) Private institutions societies, and the counties in the care of orphans, half orphans, and dependent children.
 - (b) County hospitals (in care of certain tuberculosics).
- (B) County governments maintain,
 - (a) County hospitals and infirmaries for sick and aged poor. (These are combined hospitals and almshouses, except in three counties where the two departments are in separate institutions.)

II. Outdoor Relief.

- (A) State government grants outdoor relief only to
 - (1) Orphans, half orphans, abandoned children (who meet certain eligibility requirements and who can show "evidence of need").
- (B) County governments grant outdoor relief to,
 - (1) Adults,
 - (a) The aged, the sick, or the otherwise incapacitated adult individual.
 - (b) The nonself-supporting family.
 - (2) Children,
 - (a) Those eligible for state aid.
 - (b) Those ineligible for state aid.

Cost of Public Poor Relief (1916-1917).

1. Cost to state government.	
(A) Institutional relief.	
(1) Hospitals for insane.....	\$2,383,150
(2) Home for adult blind.....	43,055
(3) Home for feeble-minded..	443,915
(4) Subsidies to county hospitals.....	32,100
(B) Outdoor relief.	
(1) Care of dependent children.....	522,000
2. Cost to county governments.	
(A) Institutional relief.	
(1) County hospitals and infirmaries.....	2,738,782
(B) Outdoor relief.	
All classes outdoor aid.....	1,200,441
Grand total	\$7,363,443

Summary.

The preceding outline shows briefly that California spent \$7,363,443 for the public relief of dependents during the year 1916-1917. Of this amount, \$3,939,223 represents the expenditures of the counties while \$3,424,220 was the amount spent by the state.

The account given shows also that in the relief of public dependents the state government takes care almost exclusively of the blind, the insane, and the feeble-minded. It also helps orphans, half orphans and abandoned children and in certain instances grants subsidies to county hospitals for the care of tubercular patients.

The responsibility of the counties in poor relief is that of the care of all other dependent classes not cared for by the state and, in addition, co-